

ALARM CREDITS

Policyholder: _____

Policy Number: _____ Site #: _____; Building #: _____

Building Name: _____

Address: _____

Credits may be applied to your premium for buildings with fire and intrusion alarms. The credits would apply to each building with **automatic** fire or intrusion alarm systems.

In order to determine the credit, we require **FOR EACH BUILDING:**

1. Diagram of building showing locations of sensors and the areas protected by the automatic system (**a blueprint is not required, a simple diagram specifying the locations will do**).
2. Type of alarm (heat, smoke, motion, etc.): _____
3. Manufacturer: _____
4. Installer: _____
5. Date of installation: _____
6. Is the alarm monitored 24 hours/daily? ____ YES; ____ NO

If YES, who monitors the alarm (police, security company, etc.)?

Note: If your buildings already receive Alarm Credits, you DO NOT need to complete these forms unless you have changed/upgraded your systems. Your credits are automatically carried over from year to year.

Return this form along with diagrams to:

The Local Government Property Insurance Fund
7633 Ganser Way, Suite 206
Madison, WI 53719-2092

If you have any questions, please contact Police Services at: (877) 229-0009